PTO/SB/17 (10-07)

Approved for use through 08/30/2010, OMB 0851-0032
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Under the Paperwork Reducti	on Act of 19	95 no persons are required				s a valid OMB control number		
Effective on 12/08/2004.				Complete if Known				
FEE TRANSMITTAL For FY 2008			8). Application Nu	mber 10	10/695,546			
			Filing Date	Oc	October 28, 2003			
			First Named In	ventor Ste	Stephen Barnes et al.			
	Examiner Nam	ie Ka	Kapushoc					
Applicant claims small	Art Unit	16	1634					
TOTAL AMOUNT OF PAY	Attorney Dock	et No. 20	200123-02					
METHOD OF PAYMENT (check all that apply)								
Erodic Card Elificity Order Errone Electronic (piede lacina)).								
	✓ Deposit Account Deposit Account Number: 021197 Deposit Account Name: BASE Corporation							
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
✓ Charge fee(s) indicated below								
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nformation and authorization	on PTO-203	38.						
FEE CALCULATION								
1. BASIC FILING, SEAR	CH, AND		S ARCH FEES	CVANAIN	ATION FEES			
		Small Entity	Small Entity		Small Entity			
Application Type	Fee (\$)		e (\$) Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	310	155 51		210	105			
Design	210	105 10	0 50	130	65			
Plant	210	105 31	0 155	160	80			
Reissue	310	155 51	0 255	620	310			
Provisional	210	105	0 0	0	0			
2. EXCESS CLAIM FEE	S				Fee (\$)	Small Entity		
Fee Description Each claim over 20 (in	ncluding	Reissnes)			50	Fee (\$) 25		
Each independent clai					210	105		
Multiple dependent cl					370	185		
Total Claims						ependent Claims		
- 20 or HP =		x= _			Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20, Indep, Claims Extra Claims Fee (\$) Fee Paid (\$)								
3 or HP = x =								
HP = highest number of independent claims paid for, if greater than 3.								
 APPLICATION SIZE F If the specification and 	drawings	exceed 100 sheets of	paper (excluding	electronica	lly filed sequer	nce or computer		
listings under 37 CF	R 1.52(e)), the application size	fee due is \$260 (\$130 for sn	nall entity) for	each additional 50		
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$\frac{1}{2}\$) Fee Paid (\$\frac{1}{2}\$) -100 = (round up to a whole number) x =								
OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (5)								
Other (e.g., late filing surcharge): Notice of Appeal (\$510); Petition for Extension of Time (\$120) \$630.00								

SUBMITTED BY			
Signature	Patricia A. M. Daniels	Registration No. (Attorney/Agent) 33194	Telephone 919-547-2834
Name (Print/Type)	Patricia A. McDaniels		Date 23 May 2008

Title: doction of feromation is equival by 37 CFR - 136. The information is required to beath or retains a benefit by the public wider is beautiful by 67 CFR - 136. The information is equivalent by 61 LSC - 120 and 57 CFR - 14. The collection is estimated to take 50 the complete, breaking publication, controlled to 50 the complete, breaking publication and columnitary that is expected application. For most the USFTO. Three will vary depending upon the individual case. Any comment on the amount of the two jure region to complete his form and or suppression from the Husbridge his variety, a housing the superior of the controlled to 10 the complete his form and or suppression for excluding his busines, should be sent to the Christ Information CLI, S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1469, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1469, Alexandris, VA 22313-1450,